FEEDBACK POLICY

Policy Statement:

The organisation recognises that feedback includes complaints, compliments, and suggestions, and views all feedback as a valuable opportunity to improve the quality, safety, and integrity of our care and services.

Our approach to feedback is positive, transparent, and solution-focused, guided by the principles of open disclosure and a blame-free culture that encourages learning and continuous improvement. All feedback is managed through clear, documented policies and processes, with monitoring and reporting to ensure accountability and compliance.

The organisation is committed to providing safe, accessible, and culturally inclusive mechanisms for residents (supporters), staff and other stakeholders to provide feedback. Complaints will be acknowledged, investigated, and resolved in a timely and fair manner, with regular communication provided to all parties involved.

The organisation provides a protected process for whistleblowers to report serious misconduct, unlawful activity, or risks to safety and quality without fear of retaliation. Confidentiality will be maintained in accordance with legislative requirements, and whistleblowers will be supported throughout the process.

Through this policy, the organisation demonstrates its commitment to transparency, accountability, and continuous improvement, ensuring that every voice contributes to better outcomes for resident (supporters) (supporter)s and the organisation as a whole.

1 WHAT IS FEEDBACK?

Feedback refers to any written or verbal information shared between a person and the organisation (its workforce) regarding the care and services provided. Feedback may take the form of compliments, suggestions, or complaints. The organisation values all forms of feedback as essential to strengthening quality, safety, and service delivery.

Compliments provide an opportunity to celebrate achievements and recognise success in what is often a complaint-driven industry. They play a vital role in:

- Celebrating individual or team achievements.
- Acknowledging and motivating staff and volunteers.
- Providing positive reinforcement regarding a service, activity, or interaction.
- Supporting the measurement of outcomes for continuous improvement initiatives.
- Informing the embedding of effective practices and activities into standard processes.

Suggestions are welcomed from all stakeholders as they help the organisation grow, evolve, and remain responsive to resident (supporters) (supporter)s' and stakeholders' needs.

Suggestions may range from small, individual improvements to broader organisational changes.

- All suggestions will be reviewed and considered in collaboration with the person providing the suggestion.
- The scale and potential impact of the suggestion will determine the process for exploration, consultation, and resolution.
- Outcomes will be communicated as part of the feedback process.

Complaints are considered a valuable form of feedback and an opportunity to improve care, services, and systems.

- All complaints will be managed in a timely, fair, and sensitive manner.
- Complaints will be acknowledged promptly, investigated as appropriate, and resolved with clear communication of outcomes.
- The organisation recognises that complaints may be emotionally charged and will approach them with respect, empathy, and a commitment to resolution and learning.

2 CONFIDENTIALITY

The organisation is committed to protecting and respecting the dignity, rights, and privacy of all residents (supporters). To support this commitment, the workforce is provided with clear policies and procedures that guide safe and ethical practice. These resources ensure staff understand and meet their obligations under their contracts of employment, while also complying with all relevant legislative and regulatory requirements.

Use of Information

- Information relating to complaints, incidents, or investigations is shared only when required for the fair and thorough resolution of the matter.
- Information presented at meetings or in reports will be de-identified wherever possible to protect the privacy of residents (supporters) and staff.
- Those involved will be informed of how their information is managed in line with open disclosure obligations under the strengthened Aged Care Act 2024.

Information Management Systems

- The organisation uses secure clinical software and computer systems. Access is granted strictly on the basis of position, role, and need-to-know.
- All systems are protected with password authentication, role-based access controls, and audit trails in line with governance and compliance requirements.
- Digital records are maintained in accordance with Commonwealth and State record-keeping obligations, ensuring accuracy, security, and accountability.
- Complaint and whistleblower records are retained for at least 7 years (or longer if required by law) and are auditable.

Paper Records

- Any paper documentation relating to complaints or investigations is stored in a locked and secure manner.
- Access is restricted on a need-only basis to those directly involved in managing or investigating the matter.
- Disposal of paper records is carried out securely to prevent unauthorised access or breaches of confidentiality.

Accountability and Compliance

- Privacy and confidentiality are maintained throughout the complaint and incident management process.
- All staff act in compliance with the Code of Conduct for Aged Care Workers, which requires respect for the dignity, rights, and privacy of residents.
- Systems are aligned with the Strengthened Aged Care Quality Standards, ensuring residents (supporters) can trust their information is safe.
- Investigations and reporting processes support compliance with the Aged Care Act 2024, particularly obligations relating to residents (supporter) rights, governance, and incident reporting.

3 INFORMATION SHARING

Information regarding the organisation feedback process including whistleblowing reporting and protections are provided to residents and new employees in their respective handbooks which are provided to them on their first day in the home.

Different avenues of communication of information about feedback may also include:

- On noticeboards
- Community Meetings – standing agenda item
- Community Meeting minutes (available for all regardless if attended)
- Staff Meetings - standing agenda item
- Staff Meeting Minutes (available for all staff regardless if attended)
- Organisational Policy
- Education and self-development (staff)
- Newsletters
- Informational handouts – resident (supporters) (supporter)s
- Reasonable adjustments (interpreters, accessible formats, support persons) are available on request and proactively offered where needs are identified.

Feedback is a standing agenda item across the organisation's governance and management structures. Specifically:

- Monthly site-level reports
- Clinical Governance and Management Meetings
- Governing Body Meetings

To protect privacy and uphold confidentiality, residents (supporter) information is de-identified in all written reports and meeting minutes.

4 OPEN DISCLOSURE

Open Disclosure is the open discussion that an aged care provider has with residents (supporters) when something goes wrong that has harmed or had the potential to cause harm to a resident.

Open disclosure refers to the practice of communicating with a resident (supporters) when things go wrong, addressing any immediate needs or concerns and providing support, apologising and explaining the steps the provider has taken to prevent it happening again.

Honest and timely disclosure to residents (supporters) is not only ethically, morally and professionally expected but it is also the first stage in promoting and fostering an environment and culture that, through honest discussion, encourages learning needed to improve care and services.

Open disclosure is not about a legal process or providers admitting fault. An apology to residents (supporters) is not considered to be an admission of fault or liability and is not considered in determining fault or liability. All Australian jurisdictions have enacted laws that are designed to protect statements of apology or regret made after 'incidents' from subsequent use in certain legal settings.

This is a summary of the organisations open disclosure approach. The organisations Open Disclosure Policy provides further information and guidance.

5 POSITIVE CULTURE

The organisation is committed to providing and maintaining best practice in complaint handling and believes in creating and fostering the right culture for this to occur.

Residents and supporters may access independent advocacy and may contact the Aged Care Quality and Safety Commission at any stage of the process. Staff will proactively remind people of these options.

A positive attitude towards complainants and a commitment to resolving complaints will create a noticeable improvement in satisfaction. Resolving a complaint within the service prevents issues from being raised with the ACQSC (Aged Care Quality and Safety Commission) or other bodies unnecessarily. Most complaints can be resolved without external involvement.

A healthy workplace culture is central to effective complaints handling. Complaints provide learning opportunities that look at why something happened and how it can be improved. The traditional approach of looking at what happened and who is to blame creates barriers to good complaints management.

The organisation acknowledges that past trauma, discrimination, or cultural misunderstanding may affect a person's willingness to raise feedback. The workforce applies

trauma-aware and culturally safe communication to ensure all voices are heard and supported.

A continuous improvement approach to complaints:

- encourages regular, ongoing feedback from residents (supporters) about the quality of service they receive
- uses a collaborative approach with complainants to find timely resolutions to complaints through open communication and transparent processes
- gains insights from complaints, by considering them in the development of risk management, service delivery and staff development systems.

The organisation supports and promotes the feedback system through;

- Providing residents (supporters) with information about the feedback process on admission to the home including information about external avenues which include the right to raise a complaint with Aged Care Quality and Safety Commission
- Promote ARAS (Aged Rights Advocacy Service) through facilitation of visits to meet with residents (supporters) and promotion of literature on noticeboards.
- Providing information on admission about Open Disclosure
- Providing information on admission of the Statement of Rights
- Providing information on admission of the Code of Conduct for Aged Care Workers
- Will provide translated information as required
- Will source translators if required
- Freely providing the Feedback policy to any person who requests it
- Promoting and requesting feedback in monthly community meetings
- Promoting and requesting feedback in relation to specific target areas eg food focus meetings
- Provide contact details of external services (ACQSC and ARAS) in newsletters
- Promoting a blame free culture which encourages people to freely and openly provide complaints
- Having feedback forms accessible within the home
- Having a secure box for completed forms should a person wish for them to remain confidential to the point of review by a manager
- Accepting anonymous feedback
- Accepting verbal feedback
- Regular and routine conversations with residents (supporters) in relation to care and services
- Providing training to its workforce
- Having an internal appeals / review system to review outcomes if a person is dissatisfied with the initial findings.

No detriment: No person will be disadvantaged, refused services, or treated differently because they raised concern or complaint, provided feedback, or supported someone to do so. This protection applies to residents, supporters, staff, volunteers and contractors.

6 POTENTIAL BARRIERS AND STRATEGIES

The identification of potential barriers is essential in shaping, educating, and delivering a feedback system that ensures safe, equitable access and promotes meaningful participation by all residents, their supporters, and other stakeholders. Recognising these barriers allows the organisation to implement proactive strategies that foster inclusivity and support continuous improvement in care and services.

We provide reasonable adjustments—communication aids, interpreters, modified formats, additional support persons, and alternative channels—so every person can raise and pursue feedback safely and effectively.

The organisation acknowledges that past trauma, discrimination, or cultural misunderstanding may affect a person's willingness to raise feedback. The workforce applies trauma-aware and culturally safe communication to ensure all voices are heard and supported.

Cognitive or Communication Difficulties

Barrier:

- Residents with dementia, cognitive impairment, or communication difficulties may be unable to express concerns in traditional ways.

Strategies:

- Staff observe for non-verbal cues such as body language, facial expressions, or changes in behaviour which may indicate a concern.
- Engage the residents supporters in identifying and raising concerns on behalf of residents.
- Provide communication aids such as pictorial forms, easy-read materials, and plain language information.

Language and Cultural Diversity

Barrier:

- Residents from culturally and linguistically diverse (CALD) backgrounds may struggle to understand or express themselves in English. Cultural norms may also discourage raising complaints.

Strategies:

- Provide translated feedback materials and access to professional interpreters as required.
- Ensure staff receive cultural safety training to promote inclusive and respectful communication.
- Offer information in plain language and use bilingual staff where appropriate and if available.
- Engage cultural/community representatives to support residents (supporters) where accessible.

Fear of Reprisal

Barrier:

- Residents or supporters may fear retaliation, negative treatment, or loss of services if they make a complaint.

Strategies:

- Promote a culture of openness, transparency, and respect, where complaints are welcomed as opportunities to improve.
- Regularly remind residents, supporters and staff that feedback is safe, confidential, and valued.
- Provide whistleblower reporting mechanisms, ensuring confidentiality and protections.
- Reassure residents (supporters) that all complaints are treated fairly, without discrimination or impact on their care.

Personal or Private Nature of the Complaint
Barrier:

- Some issues (e.g., relating to health, dignity, or personal care) may be sensitive or embarrassing to raise.

Strategies:

- Offer private and confidential avenues to raise complaints (e.g., confidential email, locked feedback boxes).
- Staff treat all information with discretion and confidentiality.
- Provide the option for residents to raise complaints through an advocate or supporter if preferred.

Lack of Awareness
Barrier:

- Residents and families may not know they have a right to complain or may be unaware of how to do so.

Strategies:

- Provide clear information in handbooks, noticeboards, newsletters, and community meetings.
- Display posters and simple guides explaining how to give feedback and who to contact.
- Reinforce information during admission, orientation, and staff education sessions.

Physical or Literacy Barriers
Barrier:

- Residents may be unable to read, write, or physically complete feedback forms.

Strategies:

- Staff offer assistance in filling out forms on behalf of the resident.
- Accept verbal complaints, with staff recording them in the system.
- Provide large-print and easy to read formats if needed.
- Feedback boxes and forms are placed in accessible locations.

Anxiety, Stress, or Emotional State
Barrier:

- Residents and families may lack confidence or feel too anxious, stressed, or unwell to raise concerns.

Strategies:

- Provide reassurance and emotional support when a concern is raised.
- Staff communicate in a calm, respectful, and patient manner.
- Offer the involvement of an independent advocate (e.g., ARAS, OPAN)

Perceived Complexity or Bureaucracy

Barrier:

- Residents or families may believe the complaints process is too difficult, slow, or ineffective.

Strategies:

- Forms and procedures are user-friendly.
- Provide regular updates to the complainant on progress and resolution.
- Ensure clear timeframes for acknowledgement and response.

Apathy or Belief That Nothing Will Change

Barrier:

- Some people may believe complaints will not lead to change, based on past experiences.

Strategies:

- Promote success stories where feedback has resulted in improvements.
- Publicise (with consent if the person could be unwittingly identified) changes made as a result of feedback in newsletters, meetings, and reports.
- Reinforce that all feedback is important and contributes to better care and services.

The organisation acknowledges that not all individuals will experience barriers when providing feedback, and that the reasons for not engaging with the feedback system will vary. The strategies outlined are intended as a starting point to increase engagement, foster inclusivity, and provide support. Not every strategy will be relevant to every barrier or person, and the list provided is not exhaustive.

7 TIMEFRAME FOR RESOLUTION

The organisation acknowledges that all feedback — whether a complaint, compliment, or suggestion — must be responded to in a timely and respectful manner. When a person takes the time to provide feedback, either verbally or in writing, it must be acknowledged and the individual advised of the process that will be followed toward resolution.

A timely response promotes open communication, trust, and respect, and reassures residents, supporters, and stakeholders that their concerns or contributions will be addressed appropriately.

- We acknowledge receipt within 2 business days (of receiving)
- Our standard target is to resolve complaints within 20 business days (or sooner where possible).
- For complex matters, we will provide progress updates at mutually agreed times.
- If timeframes need to change, we will explain why and provide a revised date.

8 PROCESS OF COMPLAINT HANDLING

The organisation acknowledges that an effective complaint handling process must be fair, accessible, responsive, and efficient, and that it contributes directly to continuous improvement in the quality of care and services.

The following steps guide the practical implementation for complaint handling and resolution. Not all complaints will require every step; some may be resolved quickly, while others may involve a more detailed process.

Steps in Complaint Handling

Acknowledgement
- All complaints are acknowledged promptly and respectfully.

Clarification
- Confirm the details of the complaint with the complainant to ensure accurate understanding of their concern.
- Offer translators, or other aids to assist in effective communication if required.
- Consult with residents if they would like others to be involved (supporters).
- Inform the complainant of their right to access advocacy services, such as Aged Rights Advocacy Service (ARAS) and external complaints bodies, including the Aged Care Quality and Safety Commission (ACQSC)
- Offer help in contacting an advocate or external agency if requested.

Assessment
- Assess and prioritise the complaint based on seriousness and urgency.
- Consider if SIRS reportable, take appropriate action if applicable.
- Determine the most appropriate resolution approach.

Early / Immediate Resolution
- Where possible, take immediate steps to resolve or mitigate the issue.

Planning
- Identify the information required to assess the complaint and determine how it will be collected.

Timeframe
- Communicate an expected timeframe for investigation.
- Explain if additional time is needed and outline what will be reviewed or considered.
- Investigation
- Conduct the investigation in line with Open Disclosure principles and a no-blame culture.
- Collect relevant information, interview key people, and review records as required.

Responding
- Provide the complainant with a clear and transparent outcome of the investigation.
- On request, we will provide a written outcome including reasons for decisions, actions taken (or planned), and options to seek internal review, access advocacy, or contact the ACQSC.

Follow-Up
- Address any additional concerns identified during the investigation or after the outcome is provided.

Review and Learning
- Identify lessons learned from the complaint.
- Implement systemic or broader improvements to reduce the risk of similar issues recurring.

9 FEEDBACK RESPONSIBILITIES / ACCOUNTABILITY

	Action	Timeframe	Person
Residents emotional and physical safety should be an immediate consideration. Measures should be implemented to ensure those involved directly and or indirectly are safe and any potential harm has been identified, minimised and or eliminated (if applicable).			RN in Charge, CN, CCM, FM
Serious Incident Response Scheme (SIRS)	Any feedback received should be reviewed as to whether it is reportable to SIRS.	When the feedback is received	The person receiving with support of the Facility Manager.
	ACQSC Online support tool available for guidance https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/reportable-incidents/support-tool-new		
Receiving	Verbal feedback - capture and record verbal feedback onto a Feedback Form.	As soon as practical when the feedback is received.	All staff
	Written Feedback / Email - capture and record onto a Feedback Form	As soon as practical when the feedback is received.	All Staff
	Empty Feedback Letterboxes	Business days – Monday to Friday	Delegated person by Manager
Acknowledgement	Verbal feedback	At the time of receiving	Person receiving the feedback
	Written Feedback / Email	At the time of receiving and or within 2 business days	Person receiving the feedback and or Manager and or Delegated person
	Feedback Forms	Within 2 business days	Manager / Delegated Person
Clarification	Initial contact with person to acknowledge the complaint / feedback	Within 2 business days	Manager / Delegated Person
Steps to early resolution	If feedback is minor or resolved at the time of receiving	Person action at the time of the feedback	Person receiving the feedback / All Staff / Manager
Planning	Plan to investigation	As soon as practical after receiving	Manager

		complaint / feedback	
Investigation	Investigate the complaint	To be conducted in a timely manner in consultation with the complainant	Manager / Delegated Person
Response	Meet with the complainant to discuss the outcome	Mutually agreed time in consultation with the complainant	Manager / Delegated Person
Follow Up	Additional review of new information or ongoing review if investigation required it	As soon as practicable in consultation with complainant	Manager / Delegated Person
Review	Initiate, update, review Continuous Improvement Plan.	At time of reviewing learnings and or opportunities for improvement	Manager
Reporting	Feedback to be recorded on Feedback database	As soon as practicable after receiving	Manager / Delegated Person
	Feedback reported on Site Level Monthly Report	Monthly	Manager
	Feedback reported on at Clinical Governance Meetings	Monthly	Manager
	Feedback reported on at Governing Body Meetings	Bi-annually	Regional Senior Manager
Internal Review	Internal review as outlined within Policy	To commence at time of request and to be completed in consultation with the complainant.	Regional Senior Manager
Escalation	All Feedback is to be escalated in line with the organisation Governance and Risk Management Policy	In accordance with Governance and Risk Management Policy (on becoming aware of the Feeback particularly if received via letterbox and time has already elapsed)	Manager / All Staff
Continuous Improvement Plan	Feedback and complaints outcomes are monitored with inclusion on the Continuous Improvement Plan as required. Continuous improvement outcomes are reported to the Clinical	Monthly	Facility Manager

	Governance Committee monthly.		

10 INTERNAL REVIEW PROCESS

If dissatisfied with the initial outcome, the complainant may request an internal review by the Regional Senior Manager (independent of the original decision). If still dissatisfied, they may escalate to the CEO/Governing Body and/or to the Aged Care Quality and Safety Commission or an independent advocate at any time.

The internal review process:

1. **Contact** - Initial contact with the complainant to ascertain their ongoing concern and why the existing outcome was not satisfactory including discussion with the complainant to understand what outcome they were expecting / desiring to occur. Confirm if other persons should be included for support to the resident (if applicable) Provide options for external services for advocacy and complaints. Aged Rights Advocacy Service and Aged Care Quality and Safety Commission.
2. **Timeframe** - Providing timeframe to the initial re-investigation of the complaint.
3. **Meeting** - Making a mutually agreeable time to meet in person to discuss the re-investigation of the complaint and the initial findings or outcome of the findings (will depend on the complexity of the complaint)
4. **Further investigation** – if needed further investigation will be undertaken if additional information has been provided and needs to be reviewed or investigated.
5. **Outcome** – at a mutually agreeable time meet to discuss the independent outcome of the internal review.
6. **Escalation / Reporting** – RSM will escalate any internal reviews undertaken to the CEO if and when they occur. Internal reviews will be reported at Clinical Governance and Governing Body Meetings.

11 WHISTLEBLOWING

The organisation values all types of feedback — whether it is a compliment, suggestion, complaint, or report of wrongdoing. However, there is an important difference between everyday feedback and whistleblowing.

Feedback and Complaints

- Feedback and complaints are about individual experiences with our care and services. They may be positive (compliments), suggestions for improvement, or concerns that need to be resolved. Examples include: dissatisfaction with meals, requesting a new activity, or suggesting changes to routines.

Whistleblowing

- Whistleblowing is about reporting serious wrongdoing that may harm resident (supporters) (supporter)s, staff, or the organisation. This includes misconduct, illegal

activity, abuse, neglect, fraud, or risks to health, safety, or quality of care. This may include, but is not limited to:

- Serious misconduct or maladministration.
- Breaches of law or regulation.
- Abuse, neglect, or risk to resident (supporters) (supporter) safety and wellbeing.
- Fraud, corruption, or financial impropriety.
- Systemic issues that compromise the quality and safety of care and services.

Whistleblower reports are treated confidentially, and the person reporting is legally protected from retaliation under the Aged Care Act 2024 and the Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 (Cth).

Both feedback and whistleblowing are valuable and help us improve. Feedback helps us improve the day-to-day experience of care, while whistleblowing helps us protect residents safety, organisational integrity, and compliance with the law.

12 WHISTLEBLOWER REPORTING AND PROTECTION

The organisation is committed to creating a safe environment where individuals can raise concerns in good faith, without fear of victimisation, retaliation, or disadvantage.

Key Principles

Confidentiality

- Whistleblower identities will be kept confidential to the fullest extent possible, in line with legal requirements.

Non-Retaliation

- Retaliation, discrimination, or harassment against a whistleblower will not be tolerated.
- This no-detriment protection applies equally to anyone who lodges a complaint or provides feedback through ordinary channels.

Fair Process

- All disclosures will be taken seriously, assessed, and investigated promptly, impartially, and with procedural fairness.

Support and Safety

- Whistleblowers will be offered support throughout the process, including access to advocacy or employee assistance services where appropriate.

Compliance

- Whistleblower protections are consistent with the requirements of the Aged Care Act 2024, Aged Care Quality Standards, and the Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 (Cth).

Reporting Channels

Whistleblowers may report concerns through:

- Direct to the Facility Manager in person or via email Oakwood fm@oakwoodagedcare.com.au or Olive Grove fm@olivegroveagedcare.com.au
- Confidential direct report to a dedicated email (both homes) whistleblower@olivegroveagedcare.com.au

- Reports can be provided anonymously, and this can be indicated in the email. This will mean that there will be no further communication with the person sending the email as their request for anonymity will be respected.
- External bodies including advocacy services and regulatory bodies. ARAS – Aged Rights Advocacy Service 1800 700 600 or Aged Care Quality and Safety Commission 1800 951 822

If an individual requires assistance with communicating, writing, language, translating this can be provided. Speak with the Facility Manager who will confidentially access the services you require to enable you to report your concerns in a culturally safe, supportive and inclusive manner.

Continuous Improvement

All whistleblower reports will be reviewed as part of the organisation's continuous improvement processes, with outcomes monitored to ensure systemic issues are addressed and safeguards are strengthened.

The organisation Whistleblower Reporting and Protections section is guided by legislation including:

Commonwealth and State (SA) Legislation

Aged Care Act 2024 (Cth)

Establishes the national legal framework for aged care services, including expanded whistleblower protections. It sets out the rights of individuals to raise concerns about breaches of the Act, risks to safety and quality, unlawful conduct, and misconduct — and requires approved providers to have safe, confidential, and reprisal-free reporting systems.

Aged Care Quality Standards Rules 2024 (Cth)

Contain the Strengthened Aged Care Quality Standards, which are legally enforceable. Standard 6 (Feedback and Complaints Management) and Standard 8 (Organisation Governance) require providers to enable safe reporting of concerns and ensure appropriate oversight, investigation, and action.

Corporations Act 2001 (Cth) – Part 9.4AAA

Provides statutory whistleblower protections for certain disclosures relating to corporations and not-for-profits. Protects whistleblowers from civil, criminal, or administrative liability and prohibits victimisation for eligible disclosures.

Privacy Act 1988 (Cth)

Regulates the handling of personal information, requiring that whistleblower disclosures and investigation records be kept secure and confidential.

Work Health and Safety Act 2012 (SA)

South Australia's implementation of the national model WHS law. Requires the provider to manage risks to staff, resident (supporters) (supporter)s, and visitors. Whistleblower reports about unsafe practices are a key part of meeting these obligations.

Criminal Law Consolidation Act 1935 (SA) *(where applicable)*
Serious offences such as assault, abuse, or theft disclosed through whistleblower reports must be reported and may be escalated to SA Police or other authorities.

13 WHISTLEBLOWER RESPONSIBILITIES AND ACCOUNTABILITIES

Whistleblowing is about serious, systemic, or unlawful issues that could impact many people or the integrity of the organisation.

The below table outlines actions, responsibilities and timeframes in relation to Whistleblower reports. Section 10 provides information in relation to general feedback and complaints.

Action	Responsive Action	Person and timeframe
Receiving the complaint		
Verbally reported directly to Facility Manager (FM)	FM to document the concern and escalate as required.	FM at the time of receiving the feedback.
Email received via Facility Manager email	FM to document the concern and escalate as required.	FM as soon as practical on receiving.
Email received via whistleblower email (restricted access email)	Regional Senior Manager (RSM) to document the concern and escalate as required.	RSM as soon as practical on receiving.
Acknowledgment and Clarification		
Verbal report provided	Acknowledge and clarify the concern at the time receiving. Offer options for advocacy services (ARAS) and external complaints (ACQSC).	FM at the time of receiving the feedback.
If email received by FM and it is **not** an anonymous concern then provide acknowledgement of receiving	Acknowledge and seek to clarify the concern. Offer option to discuss in person or via email. Offer options for advocacy services (ARAS) and external complaints (ACQSC).	FM as soon as practical on receiving.
If email is received by FM and the sender has indicated **anonymous** then do NOT send anything via reply	Email has indicated anonymous hence send receipt of receiving only. Confirm the matter will be investigated and due to anonymous nature indicated no further communications will	FM as soon as practical on receiving.

	be sent to the email address the concern was received from to protect their anonymity.	
Email received to Whistleblower email.	Confidential email with restricted accessibility. Responses will be inline with emails received by FMs above.	RSM as soon as practical on receiving.
Residents emotional and physical safety should be an immediate consideration. Measures should be implemented to ensure those involved directly and or indirectly are safe and any potential harm has been identified, minimised and or eliminated (if applicable).		FM / RSM (delegated as appropriate)
Serious Incident Response Scheme		
Is this concern reportable under the Serious Incident Response Scheme.	Any concerns received should be reviewed as to whether it is reportable to SIRS. This includes anonymous complaints / concerns raised. Escalate as required.	FM / RSM at time of receiving, clarifying the concern raised.
	ACQSC Online support tool available for guidance https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/reportable-incidents/support-tool-new	
Investigation		
Plan for investigation	Communicate with the complainant (if applicable) as to what the plan for the investigation will be and the proposed timeframe.	FM / RSM as soon as practical after receiving complaint – within 2 business days discuss the plan and timeframe
Deconstructed into Key Components	Each concern raised is clearly identified. Components are recorded separately to ensure no element is overlooked.	FM / RSM – timeframe will be dependent on the concern and complexity of the concern with consideration of a timely, fair and transparent process.
Investigated Thoroughly	Relevant documents, records, and evidence are collected. Interviews or statements may be taken from involved parties, where appropriate. All findings are based on objective, factual information.	
Substantiated with Evidence	Conclusions are drawn only where supported by	

	documented or verifiable evidence. Speculation or assumptions are avoided.	
Response		
Arrange a mutually convenient time to meet, discuss and provide the response.	Environment should be confidential and comfortable. Supports should be offered and the person assisted to access them if required. Responses can be provided via email (if it is not an anonymous complaint).	FM / RSM
Structured Response	The response will address each component of the complaint individually. Findings will be presented clearly, outlining whether the issue is substantiated, partially substantiated, or not substantiated. Actions taken, or planned, to address substantiated issues will be included.	FM / RSM
Communicated in Line with Obligations	Responses are provided to the complainant (where appropriate and safe), ensuring confidentiality requirements are upheld (particularly in whistleblower matters)	FM / RSM
Continuous Improvement		
Initiate, update, review Continuous Improvement Plan.	Learnings and outcomes from the investigation will be reviewed for Continuous Improvement activities and included into the Continuous Improvement Plan as appropriate. Outcomes may be communicated to the workforce or residents in a de-identified form to support continuous improvement.	FM / RSM / CEO / Governing Body

Reporting		
Recorded in Feedback database	De-identified and noted as Whistleblower complaint to maintain confidentiality. Additional information will be recorded in a restricted Whistleblower database.	FM / RSM as soon as practical after receiving
Community and Staff Meetings	Information shared will not be identifiable to the whistleblower complaint rather will be shared as general learnings, quality improvements, or systemic changes.	FM / RSM to prepare the communication for community and staff meetings maintaining protections and confidentiality. Information will not be released until the investigation is complete.
Report Site Level Monthly Report	De-identified and noted as Whistleblower complaint to maintain confidentiality. Additional information will be recorded in a restricted Whistleblower database.	FM each calendar month
Reported at Clinical Governance Meetings	De-identified and noted as Whistleblower complaint in minutes to maintain confidentiality. Discussed as required with governance committee members.	FM / RSM each calendar month
Reported at Governing Body Meetings	De-identified and noted as Whistleblower complaint in minutes to maintain confidentiality. Discussed as required with Governing Body committee members.	RSM at bi-annual meetings.
****Escalation during investigation****		
New information discovered during the investigation is escalated in line with organisational policy and legislative requirements – Serious Incident Response Scheme	Information discovered during the investigation should be actioned at the time by the FM / RSM in line with reporting obligations (SIRS) and organisational escalation – Governance Risk and Management Policy.	FM / RSM as required within organisational and legislated timeframes.

14 SERIOUS INCIDENT RESPONSE SCHEME

Whistleblower reports and other complaints received through the feedback system may identify issues that qualify as SIRS – Serious Incident Response Scheme incidents.

The organisation will:

- Ascertain if the complaint / concern are within the SIRS reporting obligations.
- Implement measures to ensure those involved directly and or indirectly are safe and any potential harm has been identified, minimised and or eliminated (if applicable).
- Protect the identity and safety of the whistleblower (if applicable)
- Lodge reports with the ACQSC within required timeframes.
- Notify other external bodies if and as required (eg police, medical)
- Involve other professional healthcare professionals as required (if applicable and with consent)
- Provide feedback (including notice of collection) to the person providing the complaint / concern and to the whistleblower where appropriate and safe (if applicable).
- Follow legislative requirements and organisation policy for the handling, investigation, reporting and escalation of the incident pertaining to SIRS incidents.

The workforce can access the online support tool available on the Aged Care Quality and Safety Commission website https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/reportable-incidents/support-tool-new to provide you with general guidance to help you decide whether an incident should be notified

Note that there is a disclaimer to the use of the support tool on the ACQSC website.

- The information contained in the SIRS decision support tool is intended to provide you with general guidance to help you decide whether an incident should be notified to the Commission. However, it is your responsibility to make your own assessment about the notification of a reportable incident and to be aware of your legislative requirements. The SIRS decision support tool is not intended to be and should not be regarded as legal advice. You should seek legal advice or other professional advice, if appropriate.
- Every effort is made by the Commission to ensure that the information in the SIRS decision support tool is accurate and up to date. However, the Commission does not guarantee the accuracy, completeness, or currency of the information provided.

This section contains a summary of Serious Incident Reporting responsibilities. The organisation Incident Management Systems Policy and Governance and Risk Management Policy should be referred to for additional information and guidelines.

This policy forms part of the organisation's Clinical Governance and Risk Management Framework and is monitored through the Clinical Governance Committee and Governing Body.

15 REFERENCES AND ASSOCIATED POLICIES

Aged Care Quality and Safety Commission (2025) Strengthened Aged Care Quality Standards. Canberra: ACQSC. https://www.agedcarequality.gov.au/providers/quality-standards

Commonwealth Numbered Acts (2024) Aged Care Act 2024 (Cth). Canberra: Australian Government. https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/num_act/aca202457/

Department of Health, Disability and Ageing (2025) Strengthened Aged Care Quality Standards – February 2025. Canberra: Australian Government. https://www.health.gov.au/resources/publications/strengthened-aged-care-quality-standards-february-2025

Aged Care Quality and Safety Commission (2024) Statement of Rights. Canberra: ACQSC. https://www.agedcarequality.gov.au/resources/statement-rights

Aged Care Quality and Safety Commission (2024) Feedback and Complaints Guidance. Canberra: ACQSC. https://www.agedcarequality.gov.au/resources/feedback-and-complaints-guidance

Aged Care Quality and Safety Commission (2024) Open Disclosure Framework for Aged Care. Canberra: ACQSC. https://www.agedcarequality.gov.au/resources/open-disclosure-framework-aged-care

Aged Care Quality and Safety Commission (2024) Serious Incident Response Scheme – Decision Support Tool. Canberra: ACQSC. https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/reportable-incidents/support-tool-new

Australian Government (2022) Code of Conduct for Aged Care Workers. Canberra: Aged Care Quality and Safety Commission. https://www.agedcarequality.gov.au/for-providers/code-conduct

Australian Government (2019) Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 (Cth). Canberra: Australian Government. https://www.legislation.gov.au/Details/C2019A00010

Australian Government (1988) Privacy Act 1988 (Cth). Canberra: Australian Government. https://www.legislation.gov.au/Details/C2024C00010

Australian Government (1984) Sex Discrimination Act 1984 (Cth). Canberra: Australian Government. https://www.legislation.gov.au/Details/C2023C00276

Government of South Australia (1984) Equal Opportunity Act 1984 (SA). Adelaide: Government of South Australia. https://www.legislation.sa.gov.au/lz/c/a/equal-opportunity-act-1984/current/1984.14.auth.pdf

Government of South Australia (2012) Work Health and Safety Act 2012 (SA). Adelaide: Government of South Australia. https://www.legislation.sa.gov.au/lz/c/a/work-health-and-safety-act-2012/current/2012.66.auth.pdf

Related Organisation Policies

- Governance and Risk Management Policy
- Incident Management Systems Policy
- Open Disclosure Policy
- Privacy and Confidentiality Policy
- High Risk High Prevalence Policy
- Lifestyle Wellness and Reablement Policy
- Philosophy of Care Policy
- Cultural Diversity and Inclusion Policy
- Learning and Development Policy
- Choice and Decision Making Policy

(Note: Continuous Improvement, Supported Decision-Making, and Whistleblower Protections are embedded within this and other organisational policies rather than managed as stand-alone documents.)